



MAXIMUS PRIME SPORTS LLP

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MEDICAL CLEARENCE, TREATMENT AUTHORIZATION, LIABILITY WAIVER, PERMISSION TO PLAY

Name of Player _____

This sport has vigorous exercise each day. The participant has received the required medical clearance for full participation in all events : ☐ Yes ☐ No

I the parent or guardian of the minor registrant agree that I will abide by all rules and regulations of Maximus Prime Sports LLP. Recognizing the possibility of physical injury associated with soccer participation and in consideration for Maximus Prime Sports LLP and their respective member affiliates (the "soccer parties") accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge, and/or otherwise indemnify the "soccer parties" and their sponsors, employees and associated personnel, including the owners of fields and facilities utilized for the "programs" against any claim by or on behalf of the registrant as a result of the registrant's participation in the "programs" and/or being transported to or from the same, which transportation I hereby authorize by my signature below, I confirm that my son/daughter is physically capable of participating in the "programs". I have noted above, any specific issue, condition, or ailment that my child has or that may impact my child's participation in the programs. I hereby give consent to have an athletic trainer and /or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

I further grant the "soccer parties" the right to use the players name, pictures and or likeness in printed, broadcast and other material concerning the "programs", provided such use is related to the players status as a participant in the "programs". ☐ Yes ☐ No

Signature of Player _____ Date _____

Signature of Parents _____ Date _____

Relationship to Player: ☐ Father ☐ Mother ☐ Guardian